Illinois Department of Labor

160 N. LaSalle St., Ste. C-1300
Chicago, Illinois 60601-3150
Telephone #: (312) 793-1804
Facsimile #: (312) 793-5257

PRIVATE EMPLOYMENT AGENCY RENEWAL APPLICATION

Office Use Only

Check #:	
File #:	«Lic_Number»
Date Received:	
Verified By:	
Expiration Date:	«ExpirationDate» Fee:

➡ **PLEASE NOTE: ALL INFORMATION MUST BE PROVIDED OR APPLICATION WILL NOT BE PROCESSED.**

Date: ____/____/_____	Check One:	☐ Corporation	☐ LLC	☐ LLP	☐ Sole Proprietor	☐ Partnership

Doing Business under the Name and Style of:	
Street Address: (Cannot be P.O. Box)	
	County:

City:		State:		Zip Code:		Primary Email Address:	

List **All** Telephone Numbers Used in the Agency (All Incoming and Outgoing Lines).
NOTE: Lines MUST be listed to Agency at above address and may not be shared with other business enterprises.

Telephone #:		Telephone #:	
Telephone #:		Facsimile #:	

Name All Private Employment Counsellors Employed by Your Agency. (Submit additional sheets, if necessary.)

Name:	Name:	Name:
Name:	Name:	Name:
Name:	Name:	Name:

Do you charge placement fees to the talent/domestic/applicant?	☐ Yes ☐ No	**Must Answer "YES" to at least one.**
Do you charge placement fees to the client/family?	☐ Yes ☐ No	

List any other business(es) you own in whole or in part:	

General Manager of Agency:		Telephone #	
Address:		Email Address:	
City:		State:	Zip Code:

If Agency is a Corporation or Partnership, application MUST be signed by the President and Secretary or by both Partners.

Signature of Corporate President, Sole Owner or Partner: ✗ _____

Residence Address:		Telephone #:	
City:	State:	Zip Code:	Email Address:

Signature of Secretary of Corporation or Second Partner: ✗ _____

Residence Address:		Telephone #:	
City:	State:	Zip Code:	Email Address: